

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

LAMAR NASHAWN DORSEY

350-7564

(Enter above the full name of the plaintiff or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:19-cv-00608

(Number to be assigned by Court)

Cpl. Randoff

Southwestern Regional jail

(Enter above the full name of the defendant or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____ No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Mount olive CORRECTIONAL Complex

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No _____

C. If your answer is YES:

1. What steps did you take? I filed a grievance

copy, mail

2. What was the result? Sgt. Lambert REPLY: WAS B-2
WAS A locked pod

D. If your answer is NO, explain why not:

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: LAMAR NASHAWN DORSEY #350-7564

Address: M.o.c.c. ONE MOUNTAINSIDE WAY, MOUNT OLIVE, WV 25185

B. Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Cpl. Randoff

is employed as: Cpl. Randoff

at Southwestern Regional jail

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON 1-29-18 AROUND 3PM OR 4PM. I WAS IN A LOCK DOWN POD IN SOUTH WESTERN REGIONAL JAIL. I WAS ABOUT TO COME OUT MY CELL TAKE A SHOWER AND USE THE PHONE. IN ORDER TO TAKE SHOWERS AND USE THE PHONE YOU HAVE TO PUSH YOUR CALL BUTTON IN YOUR CELL, AND THE OFFICER IN THE TOWER WILL LET YOU OUT YOUR CELL. Well I OVER HEARD INMATES PLOTTING TO ASSAULT ME. So I push my call button and told the officer in tower I felt suicidal. So officer John Doe comes and escorts me to the doctor. I stated that I was going to hurt myself

IV. Statement of Claim (continued):

I WAS SCARED FOR MY LIFE. SHE SAID I'LL GET YOU MOVED TO ANOTHER LOCK DOWN POD. SO THE OFFICER PLACE ME IN THE INTERVIEW ROOM. ABOUT 4PM CPL RANDOFF SAID "YOU GOING BACK TO B-2". I STATED THERE GOING TO ASSAULT ME. I STATED THERE GOING TO ASSAULT ME AGAIN. SO CPL RANDOFF WENT TO GRAB A CAN OF OC PEPPER SPRAY. HE STATED YOUR GOING BACK TO B-2. I STATED I AM SCARED. SO HE SPRAY ME WITH OC SPRAY IN THE FACE. LISTEN I WAS SCARED BECAUSE THEY PUT ME IN B-2 WITH THE SAME INMATES WHO ASSAULTED ME THE DAY BEFORE. THOSE DORMS ARE NOT SAFE INMATES CAN POP THE LOCK ANYTIME. SO AFTER CPL RANDOFF SPRAYED ME WITH OC SPRAY THEY MOVED ME TO ANOTHER POD.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I WOULD LIKE A FINANCIAL SUM OF MONEY. \$150,000.

YES THIS IS ALL ON VIDEO. THE WHOLE INCIDENT. I NEVER WAS MEAN TO THE OFFICE OR GOT LOUD. I JUST STATED I AM SCARED

V. Relief (continued):

VII. Counsel

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes No

If so, state the name(s) and address(es) of each lawyer contacted:

Tim Carrico 105 Capital St Charleston, WV

If not, state your reasons: _____

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes No

If so, state the lawyer's name and address:

Signed this July day of 15, 20 19.



Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7-15-19.
(Date)



Signature of Movant/Plaintiff

Signature of Attorney
(if any)

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

LAMAR NASHAWN DORSEY

Your full name

v.

Civil Action No.: 2:19-cv-00608

Cpl. RANDOFF

Southwestern Regional
Jail

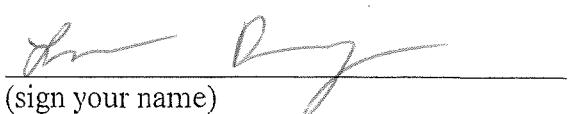
Enter above the full name of defendant(s) in this action

Certificate of Service

I, LAMAR NASHAWN DORSEY (your name here), appearing *pro se*, hereby certify
that I have served the foregoing _____ (title of document)
being sent) upon the defendant(s) by depositing true copies of the same in the United States mail,
postage prepaid, upon the following counsel of record for the defendant(s) on

_____ (insert date here):

(List name and address of counsel for defendant(s))


(sign your name)